



## **Privacy Authorization Form**

**Please print this form and email, fax or mail to:**

**Congressman Leonard Lance  
23 Royal Road, Suite 101 Flemington, New Jersey 08822  
Attn: Aileen Egan  
Phone: 908-788-6900 Fax: 908-788-2869  
Email: [aileen.egan@mail.house.gov](mailto:aileen.egan@mail.house.gov)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Agency Involved: \_\_\_\_\_

Case Number, if applicable (VA claim, Alien number, tax ID, etc.): \_\_\_\_\_

Date and Place Claim was Filed: \_\_\_\_\_

Please describe problem in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In accordance with the provisions of the Privacy Act, I hereby authorize Congressman Lance or a member of his staff to make the appropriate inquiries on my behalf.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_